DONALD E. WILLIAMSON ASSESSOR

COUNTY OF SAN BERNARDINO 172 West Third Street San Bernardino, CA 92415-0310 (909) 387-6756

CHANGE IN OWNERSHIP STATEMENT - DEATH OF REAL PROPERTY OWNER

(Filed pursuant to Section 480b of the Revenue and Taxation Code)

INSTRUCTIONS: Complete a separate form for each property. Upon completion, mail this form to:
Office of Assessor, 172 West Third Street, San Bernardino CA 92415-0310

1. Name of Decedent_	
2. Date of Death	
3. Street Address of Property	
4. Assessor's Identification Number (parcel number):	
 5. Descriptive information (check A, B or C, if applicable): A □ Attached is copy of deed by which decedent acquired title. B □ Attached is copy of most recent tax bill. C □ Deed or tax bill is not available; attached is the legal description. 	
 6. Disposition of Real Property will be by (check one): A □ Intestate Succession B □ PC 650 Distribution C □ Affidavit of Death of Joint Tenant D □ Decree of Distribution Pursuant to Will E □ Action of Trustee Pursuant to Terms of a Trust 	
 7. Transferee Information (check A, B or C, if applicable): A □ Transfer is to decedent's spouse (check even if Affidavit of Death of B □ Transfer is to a Trust of which the spouse is the sole beneficiary or Name of Spouse C □ Transfer is to decedent's nonspousal beneficiaries (where known, in interest each is to receive). 	the income beneficiary.
D ☐ Transfer is to decedent's parent or child. 8. Name and mailing address for tax correspondence during pendency of the	probate of decedent's estate.
	ere appropriate, attach the conveyance document and/or court order.) PRINT NAME
ADDRESS (STREET) S (CITY, STATE, ZIP CODE)	IGNATURE OF TRANSFEREE, REPRESENTATIVE, ADMINISTRATOR OR EXECUTOR

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